1304091

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to (6-02) respond unless the form displays a currently valid OMB control number.

## **ATTENTION**



Failure to file notice in the appropriate states will not result in a loss of the federal 0404370 Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix Serial
DATE RECEIVED

OMB APPROVAL

Filing Under (Check box(	eferred Stock O es) that apply):	[ ] <u>Rule 504</u>	[] Rule 505 [X	] <u>Rule 506</u>	Section 4(6) [] ULOE
Type of Filing: [X] New Fil	ling [ ] Amend	dment		W	PROCESSED
		A. BASIC IDEN	ITIFICATION DA	ГА	SEP 2 4 2004
1. Enter the information re	equested about t	ne issuer			THO:v. EINANCIAL
Name of Issuer ([ ] check	if this is an ame	ndment and nam	e has changed, a	nd indicate cha	
Zenph Studios, Inc.					
Address of Executive Offi Telephone Number (Inclu			•	ber 145, Ralei	gh, NC 27615-2473
Telephone Number (Inclu	ding Area Code)				
Telephone Number (Inclu	ding Area Code) e Offices)				
Telephone Number (Inclu (if different from Executive Brief Description of Busin	ding Area Code) e Offices) ess	same as above			
Telephone Number (Incluif different from Executive Brief Description of Busing Development of software	ding Area Code) e Offices) ess e to create, ana	same as above			
Telephone Number (Inclu (if different from Executive Brief Description of Busine Development of softwar Type of Business Organiz	ding Area Code) e Offices) ess e to create, ana ration	same as above	music.	[ ] other (p	ease specify):
Telephone Number (Inclu (if different from Executive Brief Description of Busine Development of software Type of Business Organiz	ding Area Code) e Offices) ess e to create, ana eation [ ] limit	same as above	music. Iready formed	[ ] other (p	ease specify):
Telephone Number (Inclu (if different from Executive Brief Description of Busine Development of software Type of Business Organize [X] corporation	ding Area Code) e Offices) ess e to create, ana eation [ ] limit	same as above  lyze and record  ed partnership, a	music. Iready formed	[ ] other (p	ease specify):
Address of Principal Busin Telephone Number (Inclu (if different from Executive Brief Description of Busing Development of softwar Type of Business Organiz [X] corporation  [] business trust  Actual or Estimated Date	ding Area Code) e Offices) ess e to create, ana eation [ ] limit	lyze and record ed partnership, a	music.  Iready formed be formed  Month Year	[ ] other (pl	· · · · · · · · · · · · · · · · · · ·

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

## 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[X] Executive Officer	[X] Director [ ]	General and/or Managing Partner
Full Name (Last nam Walker II, John Q.	e first, if individua	nl) -			
Business or Residen 9660 Falls of Neuse		. Number 14	5. Raleigh. NC 276	15-2473	
Check Box(es) that Apply:	[] Promoter [X]		[] Executive Officer	[X] Director [ ] G	General and/or Managing Partner
Full Name (Last nam Schwaller, Peter J.	e first, if individua	ıl)			
Business or Resident 4921 Cremshaw Co		27614-8322			
Check Box(es) that Apply:	[ ] Promoter []	Beneficial Owner	[ ] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last nam Gross, Andrew	e first, if individua	ıl)			
Business or Residen Box 110249, Campb					
Check Box(es) that Apply:	[ ] Promoter []	Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] (	General and/or Managing Partner
Full Name (Last nam	e first, if individua	l)		·	
Business or Residen	ce Address:			·	
Check Box(es) that Apply:	[ ] Promoter [	] Beneficial Owner	[ ] Executive Officer	[] Director [ ] (	General and/or Managing Partner
Full Name (Last nam	e first, if individua	1):	· · · · · · · · · · · · · · · · · · ·		
Business or Residen	ce Address:				***************************************

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual)			
Business or Residen	ce Address:		<del></del>	
Check Box(es) that Apply:	[ ] Promoter [] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual)			
Business or Residen	ce Address (Number and Street	, City, State, Zip Coo	de)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [ ] (	General and/or Managing Partner
Full Name (Last nam	e first, if individual)			
Business or Residence	ce Address			
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [ ] (	General and/or Managing Partner
Full Name (Last nam	e first, if individual)			
Business or Residence	ce Address			
Check Box(es) that Apply:	[ ] Promoter [] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual)			
Business or Residence	ce Address			
Check Box(es) that Apply:	[ ] Promoter [] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last name	e first, if individual)			
Business or Residence	ce Address:			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		· · · · ·			B. IN	IFORM <i>A</i>	TION A	BOUT O	FFERIN	3				
1. Has	s the iss	uer sold	, or doe	s the iss	uer inter	nd to sell	l, to non-	accredite	ed invest	ors in thi	s offering	j?	es ]	No [ <b>X</b> ]
									iling und			-	•	
2. Wh	at is the	minimu	ım inves	tment th	at will be	e accept	ed from a	any indiv	idual?			\$	25,0	000
3. Do	es the of	ffering p	ermit joi	nt owne	rship of	a single	unit?	•••••			•••••		′es X]	No []
indired of sec registe five (5	ctly, any curities in ered with (b) perso	commis the off the SE ns to be	ssion or ering. If EC and/o listed a	similar i a persor or with a	remuner n to be li n state or ociated p	ation for sted is a r states,	solicitati n associ list the r	on of purated personant	rchasers son or ag the broke	in conne ent of a er or deal	iven, direction wit broker or ler. If mo ay set fo	h sales dealer re than		
Full N	ame (La	st name	e first, if	individua	al)								•••	
Busin	ess or R	esidenc	e Addre	ss (Num	nber and	Street,	City, Sta	te, Zip C	ode)					
Name	of Asso	ciated E	Broker o	r Dealer		<u></u>						· · · · · · · · · · · · · · · · · · ·		
States	in Whic	ch Perso	on Listed	d Has So	olicited o	r Intends	to Solic	it Purcha	sers	• • • • • • • • • • • • • • • • • • • •				
(Check	c "All Sta	ates" or c	heck ind	ividual S	tates)	·····				[	] All State	es		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (La	st name	e first, if	individua	al)						,		·	
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	te, Zip Co	ode)				<u>4</u> _	
Name	of Asso	ciated E	Broker o	r Dealer							<del></del>			
States	in Whic	h Perso	on Listed	Has Sc	olicited o	r Intends	to Solic	it Purcha	sers		<del></del>		·	
(Check	c "All Sta	ates" or c	heck ind	ividual S	tates)					[	] All State	es		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (La	ist name	e first, if	individua	al)	-				·· <del>·</del> ····		·		
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)					<del></del>
Name	of Asso	ciated E	Broker o	r Dealer			<u> </u>							
							to Solic	it Purcha	sers		,			
					tates)					_	] All State			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[HM]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity (including warrants)	\$ <u>1,000,000</u>	\$ <u>149,999.66</u>
[ ] Common [X] Preferred		•
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$ <u>1,000,000</u>	\$ <u>149,999.96</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggragata
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$ <u>149,999.96</u>
Non-accredited Investors		\$_0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		5 II
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A	· · · · · · · · · · · · · · · · · · ·	\$
Rule 504		\$
Total	· · · · · · · · · · · · · · · · · · ·	\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	[ ]	] \$
Printing and Engraving Costs	[ ]	] \$
Legal Fees	[X	\$8,500
Accounting Fees	[ ]	] \$
Engineering Fees		] \$
Sales Commissions (specify finders' fees separately)	[ ]	\$
Other Expenses (identify) State filing fee	[X]	\$350
Total	[X]	\$8,850

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C - Question 1 and total expenses furr	egate offering price given in response to Pa ished in response to Part C - Question 4.a ceeds to the issuer."	a.	\$991,150
<ol> <li>Indicate below the amount of the ad proposed to be used for each of the purp not known, furnish an estimate and check</li> </ol>	justed gross proceeds to the issuer used of oses shown. If the amount for any purpose of the box to the left of the estimate. The total dijusted gross proceeds to the issuer set forton.	or is al	
, ,	•	Payments to	
		Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			
	allation of machinery and equipment		
	dings and facilities		
Acquisition of other businesses (inc offering that may be used in excl	uding the value of securities involved in this nange for the assets or securities of another	r 1 ¢	
			_ []\$
Other (specify):		[]\$	
Other (specify).		[]\$	
Column Totals			[X]\$991,150
	s added)		991,150
	D. FEDERAL SIGNATURE		
	D. FEDERAL SIGNATURE		
Rule 505, the following signature constitution	be signed by the undersigned duly authorizutes an undertaking by the issuer to furnish staff, the information furnished by the is	to the U.S. Secur	rities and Exchange
ssuer (Print or Type)	Signature / /	Date	And the second s
Zenph Studios, Inc.	Tho Walt	9/13/0	04
lame of Signer (Print or Type)	Tatle of Signer (Print or Type)		
John Q. Walker, II	President		
	CONTRACTOR OF THE STATE OF THE		ne proceed and it is the second consideration and the second consideration
	ATTENTION		
Intentional misstatements of	or omissions of fact constitute federal crir U.S.C. 1001.)	minal violations.	(See 18

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes []	No [X]
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Zenph Studios, Inc.	Mod. Vale I 9/13/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)
John Q. Walker, II	President

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend to non-ad investors (Part B-	to sell ccredited in State	offered in state		Type of investor and amount purchased in State				Disquali under Sta (if yes, Type of investor and explana amount purchased in State waiver g		fication Ite ULOE attach ation of
	(,		(Part C-Item 1)			pr		(, -, -	1		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL	ALCOLYN DETTROOP THE CORE										
AK					_						
AZ.											
AR			CONTROL LOS COMENSOS DE CONTROL DE LOS CONTROLS DE CONTROL DE CONT								
CA											
СО					And the second of the second s						
СТ	and the second s			AMBOUT AND THE PROPERTY OF THE					3-14-14-14-14-14-14-14-14-14-14-14-14-14-		
DE											
DC									The second secon		
FL											
GA											
н	- Shariffa(1)			PETERALAMAN CONTONE SIL SAME LIAMINA NEW YORK DON MACANIC SECTION CONTON							
ID											
IL				Taka kalendaran salam 1 am 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a							
IN											
IA											
KS			THE REPORT OF THE PROPERTY OF						THE TABLE OF SAME DESIGNATION OF THE		
KY						·					
LA											
ME											
MD		•									
MA											
Mi	and the second s		A K BANDANINA SIRAT SENIE KARANGA MANUNCA MANU								
MN											
MS											
МО											

## APPENDIX

1	2		3	4 5							
	Intend to non-ac investors (Part B-	credited in State			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
MT											
NE											
NV	A DALMAN TERRITORIA										
NH NJ											
NM											
NY											
NC		X	\$1,000,000	2	\$149,999.96	0	0		X		
ND											
ОН											
ОК							The state of the s				
OR											
PA											
RI											
sc											
SD											
TN		***************************************									
ХТ											
UT											
VT					and the second s						
VA		•									
WA											
WV											
WI											
WY											
PR											

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002